

# Health Department, City of Baltimore.

Permit No. 98632 Office of Registrar of Vital Statistics.

Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.  
NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, Mich. 14<sup>th</sup> 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Casper B. Noepner.

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 62 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Plumber & Gasfitter.

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Germany.

Duration of Residence in the City of Baltimore, Waterman St. 36. 3rs

Place of Death, { Give Street and Number. } 2 W. Lee St.

Cause of Death, { First (Primary), Second (Immediate), } Gastroenteritis (supposed to be caused by carcinoma of Stomach) Exhaustion

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cem.

Date of Burial, March 17<sup>th</sup> 1887

Undertaker, Chas. P. Villison

Place of Business, 746 Columbia Address, 152 Sharp St.

Medical Attendant, R. J. N. Tall, M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



# Health Department, City of Baltimore.

Permit No. *98633*

Office of Registrar of Vital Statistics.

Ward

*20<sup>2</sup>*

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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## CERTIFICATE OF DEATH.

Date of Death, *March 15<sup>th</sup>*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Thomas H Lady.*

Sex, Male or Female, { Cross out the word not required in this line. } *Male*

Age, *41* Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, *White*

Married, Single, Widowed or Widower, { Cross out the words not required in this line. } *Single*

Occupation, *Cum gratia Inspector.*

Birth Place, { State or country, and how long in the United States, if of foreign birth. } *Nicomico Co. Md.*

Duration of Residence in the City of Baltimore, *15 years.*

Place of Death, { Give Street and Number. } *1637 Laurel St.*

Cause of Death, { First (Primary), Second (Immediate), Third (Remote), Fourth (Underlying). } *Injuries received by pump in fire, and in mind.*

Duration of Last Sickness, *30 hours.*

All the above information should be furnished by the Physician.

Place of Burial, *Salisbury*

Date of Burial, *March 17<sup>th</sup> 1887*

{ Undertaker, *Geo B Cook* } *Amman F M.D.* Medical Attendant.

{ Place of Business, *1003 N Baltimore St* } Address, *17 N. Calverton St*

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]



Health Department, City of Baltimore.  
Office of Registrar of Vital Statistics.

Permit No. 9863

Ward 37

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.  
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CERTIFICATE OF DEATH.

Date of Death, March 15

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Christena Pfister

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 45 25 Years,

Color, White

Months,

Days

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Prussian Germany

Duration of Residence in the City of Baltimore, 43 years

Place of Death, { Give Street and Number. } Lombard St 2010

Cause of Death, { First (Primary), Malerial Fever is Anemia

Second (Immediate), Exhaustion

Duration of Last Sickness, 4 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer Cem.

Date of Burial, March 17

Undertaker, G. France

Place of Business, 320 N. 8th St.

Address, 420 N. Enoch St.

Medical Attendant.

M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]



# Health Department, City of Baltimore.

Permit No. 98635

Office of Registrar of Vital Statistics.

Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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## CERTIFICATE OF DEATH.

Date of Death, Dec 14 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Francis Brooks.

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. } Female

Age,        Years, 1 Months, 5 Days.

Color, Black

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,       

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give Street and Number. } 817 Mulberry St

Cause of Death, { First (Primary), } Malnutrition  
{ Second (Immediate), } Emaciation

Duration of Last Sickness, One day

All the above information should be furnished by the Physician.

Place of Burial, Sharp & Co

Date of Burial, Dec 17 1887

{ Undertaker, Com'n Dungee } { Address, } J. M. S. M. D.

{ Place of Business, 105 East St } { Address, } Comm'l of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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John E. Dungan Inspector

[OVER.]



# Health Department, City of Baltimore.

Permit No. *98636*

Office of Registrar of Vital Statistics.

Ward *2<sup>nd</sup>*

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No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A *PROPER* CERTIFICATE.

## CERTIFICATE OF DEATH

Date of Death,

*March 14th, 1887*

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

*Alexander Poshko*

Sex, Male or Female,

{ Cross out the word not required in this line. }

Age,

Years,

*1*

Months,

*16* Days.

Color,

*White*

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Birth Place,

{ State or country, and how long in the United States, if of foreign birth. }

*City*

Duration of Residence in the City of Baltimore,

*Since Birth*

Place of Death,

{ Give Street and Number. }

*# 726 S. Regester St*

Cause of Death,

{ First (Primary),

Second (Immediate),

*Bronchitis (Capillary)*

Duration of Last Sickness,

*Two weeks*

All the above information should be furnished by the Physician.

Place of Burial,

*St. Stephens A.C. Unit.*

Date of Burial,

*March 16, 87*

Undertaker,

*Felix Bros. Kowak*

*John H. Rehberger*

M. D.

Medical Attendant.

Place of Business,

*1732 Alameda*

Address,

*# 1709 Alice Avenue*

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]



# Health Department, City of Baltimore.

Permit No. 8637 Office of Registrar of Vital Statistics. Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, March 14 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Osterhus

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 67 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.} ✓

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 40 years

Place of Death, {Give Street and Number.} 917 E. Pratt St

Cause of Death, {First (Primary), Cerebral Congestion  
Second (Immediate), Cerebral Oedema}

Duration of Last Sickness, Six days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, March 16<sup>th</sup> 1887

{Undertaker, La. Luman & Son } J. B. Schwatka M. D.  
Medical Attendant.

{Place of Business, 710 Canton ave } Address, 933 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]



# Health Department, City of Baltimore.

Permit No. 98638 Office of Registrar of Vital Statistics. Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, March 15 1887 Jos.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Willie Kimmell Kimmitt

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 10 Years, 10 Months, 15 Days.

Color, W

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Balt.

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Balt.

Duration of Residence in the City of Baltimore, 25

Place of Death, { Give Street and Number. } 25 Leest

Cause of Death, { First (Primary), Second (Immediate), } Pneumonia

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brad

Date of Burial, March 16<sup>th</sup> 1887

Undertaker, Amstrong & Son H. W. Webster M. D.

Medical Attendant.

Place of Business, 263 Light Address, 106 B...

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]



# Health Department, City of Baltimore.

Permit No. 98639 Office of Registrar of Vital Statistics. Ward 4

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NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, March 15, 1887  
 Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Samuel Wardell  
 Sex, Male or Female, { Cross out the word not required in this line. } male  
 Age, 31 Years, + Months, + Days  
 Color, white  
 Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single  
 Occupation, Laborer  
 Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore  
 Duration of Residence in the City of Baltimore, Lifetime  
 Place of Death, { Give Street and Number. } 809. Plowman St  
 Cause of Death, { First (Primary), Second (Immediate), } Phthisis  
Asthenia  
 Duration of Last Sickness, 5 mo

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery  
 Date of Burial, March 17  
 { Undertaker, A. J. Schaffer }  
 { Place of Business, 5 S. Front St } Address, A. W. Gosweiler M. D.  
 Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]



# Health Department, City of Baltimore.

Permit No. 98640 Office of Registrar of Vital Statistics.

Ward 10<sup>th</sup>

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NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, March 15<sup>th</sup>, 1887.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Donald J. Whalen.

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 27 Years, 0 Months, 0 Days

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, Cigar Maker.

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Virginia

Duration of Residence in the City of Baltimore, 19 Years

Place of Death, { Give Street and Number. } 328 W. Franklin St.

Cause of Death, { First (Primary), Second (Immediate), } Chronic Cerebro Spinal  
Inflammation.  
Asthma

Duration of Last Sickness, Six Months

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, March 17<sup>th</sup>, 1887

{ Undertaker, W. Cadogan } Alfred Smith. M. D.  
Place of Business, 227 Muller St. Address, Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]



# Health Department, City of Baltimore.

Permit No. 98641

Office of Registrar of Vital Statistics.

Ward 3d

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No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, March 15<sup>th</sup> 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Chabes

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 35 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, \_\_\_\_\_

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, \_\_\_\_\_

Birth Place, { State or country, and how long in the United States, if of foreign birth. } New Mexico

Duration of Residence in the City of Baltimore, 20 years

Place of Death, { Give Street and Number. } 26 Jackson Square #125

Cause of Death, { First (Primary), Second (Immediate), } Tuberculosis  
Exhaustion

Duration of Last Sickness, about 5 years

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cemetery

Date of Burial, March 16<sup>th</sup> 1887

Undertaker, Henry W. Mears Dr. J. Sumner M. D.

Place of Business, #413 E. Fayette Address, 242 N B Way

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]